



# KOKOMO SOCCER CLUB TRAVEL REGISTRATION

Player Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Gender: M \_\_\_ or F \_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text this number? Yes @ \_\_\_\_\_ or No \_\_\_  
cell provider

Player email: \_\_\_\_\_

## Parent/Legal Guardian Contact Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text this number? Yes @ \_\_\_\_\_ or No \_\_\_  
cell provider

Primary e-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text this number? Yes @ \_\_\_\_\_ or No \_\_\_

Primary e-mail: \_\_\_\_\_

Mother's Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ School District \_\_\_\_\_

\*\*Mother's birthday (not year) is required to register player with IYSA.

Yes \_\_\_ or No \_\_\_ I hereby permit Kokomo Soccer Club to photograph me/my child while participating in soccer club events and to release and publish this material. I understand that this material may be used to promote Kokomo Soccer Club programs in various publications, public affairs release, recruitment materials, or for other related endeavors. This material may also appear on the Kokomo Soccer Club web site.

## Parent Signature

**For KSC use only:** Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_

Age Group: U \_\_\_\_\_

Team Assignment: \_\_\_\_\_

Jersey # \_\_\_\_\_

Medical Release/Notarized: \_\_\_\_\_

Uniform Order: Y or N

Birth Certificate : \_\_\_\_\_ Fees Paid: Registration \$ \_\_\_\_\_ Uniform \$ \_\_\_\_\_ Check # \_\_\_\_\_